

10/732,823

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.:		FILING DATE:		
							APPLICANT(S):				
							CLAIMS:				
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT						
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP
1	/						51				
2							52				
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45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	1						TOTAL IND.				
TOTAL DEP.	16						TOTAL DEP.				
TOTAL CLAIMS	17						TOTAL CLAIMS				